

Quick Updates

Nursing & Patient Care Services

October 25, 2004

Committee Shorts

Nursing Practice Council Highlights (November 2004)

New Chair and Chair-Elect—Ann Marie Matlock presided over her first NPC meeting as Chair. Welcome to Tye Mullikin who is officially serving as NPC Chair-Elect. Julie Kohn has officially stepped down from the Chair position. Nursing & Patient Care Services gratefully acknowledges her contributions.

In light of required CRC training, Shared Governance committee meetings will not be held for the remainder of October, November, and December. After an assessment of outstanding 2004 work, Committee chairs forwarded this recommendation to the Executive Team. Committee meetings will resume in January 2005.

Shared Governance By-Laws have been amended. Here are the 3 broad changes:

- The Duties and Responsibilities of Committee Chairs and Chairs-Elect were detailed to standardize and better represent the role expectations.
- The "Role of the Mentor" (each Committee's administrative support staff) was standardized and added as an appendix to the By-Laws
- An amendment was made to each Committee's membership structure adding central educators and allowing Ambulatory Care greater flexibility in determining their representation on Shared Governance committees. Specifically, OP clinics together with their nurse manager can continue to send 1 nurse representative per clinic to Nursing Practice Council, for example, or they can now opt to send 1 nurse to represent all the OP clinics under that nurse manager. The latter option will require creative team communication to disseminate information to all OP clinics.

Call for 2005 Committee Members—It's that time of year again for all Patient Care Units to evaluate their representation on Shared Governance Committees, in accordance with the By-Laws. If you are interested in joining a committee, changing committees, or would like to renew your current committee membership, please discuss with your nurse manager. We will be asking nurse managers to submit the names of committee representatives by November 22nd. It can be a totally awesome experience and will give you an opportunity to meet nurses working in other areas of the Clinical Center.

- **POL: Competency Validation was revised** . . . Check it out on the intranet. Additionally, a database of Program of Care Competencies has been posted to the Nursing Intranet (<http://intranet.cc.nih.gov/nursing/competencies/index.html>).

PRO: Blood Product Administration was revised. Here are 3 broad changes:

- To complete and validate the accuracy of a Typenex Band **prior** to the collection of a Type and Screen specimen now requires two (2) licensed health professionals read-back and compare the accuracy of the handwritten Typenex Band against a hospital generated record. For patient safety and to accurately identify the patient, the patient's first and last name must be complete and spelled correctly.
- Guidelines for removing and replacing a Typenex band during emergency clinical care were spelled out. Check out the procedure for the details!
- The PRO now details a signed transfusion consent document must be visually confirmed in the medical record prior to the start of a transfusion.

SOP: Care of the Patient with an Arterial Line was deleted in favor of the AACN Manual (2000) "Arterial Catheter Insertion (assist), Care, and Removal," Chapter 57, pp. 367-378.

CRIS Hot Spots

Do you know where your patient is located in CRIS at any time, i.e., inpatient, outpatient, or day hospital? If you are not aware of your patient's admission status, a prescriber's good efforts to enter medical orders in advance of a patient's admission or transfer may be unintentionally undone if the orders are not carefully reviewed and managed. Here are 2 tips that might help:

- **Prior to transferring your patient,** be sure that all active medical orders have been suspended. If they are not suspended, they will be cancelled as the patient crosses from MIS (ADT Interface) to CRIS. Once the transfer has been completed in MIS, the suspended orders can be unsuspended in CRIS.
- **Prior to releasing a "Future Outpatient/Pre-Admit" Order,** please confirm in CRIS that the "Patient Location" accurately identifies where the patient is currently registered, e.g., 5E-5E229A. When orders are released, Order Requisitions and Bar Code labels will print only once at the location of the patient's current registration and possibly not where the patient is physically located. **Once released, if the medical orders or the printouts cannot be found, consider the possibility the orders were released to a PCU where the patient was formally registered.** The only remedy at this point is to have the medical orders reentered by the prescriber . . . a delay in service and/or an inconvenience to the patient and care team.

Duplicate Orders The Medical Care Plan only prints out *ACTIVE* medical orders. If you see duplicate orders, please work with the prescriber to clean up the Medical Care Plan.

Past issues of **Quick Updates** are posted at <http://intranet.cc.nih.gov/nursing/jcaho/quickupdates.html>.

Email your comments, suggestions, and questions to the QU editors at CC-NURS QU Editor.

Recent Publications:

- **Bevans, M.** and Shalabi, R.A. Management of Patients Receiving Antithymocyte Globulin for Aplastic Anemia and Myelodysplastic Syndrome. Clinical Journal of Oncology Nursing, August 2004.
- **Chisholm, L., Cusack, G., and Jones, A.** (2004). Oncology Infusion Centers, Oncology Nursing in the Ambulatory Setting. Second Edition. Buschell, P. (Ed.), Jones and Bartlett Publishers.
- **Cusack, G., Jones-Well, A. & Chisholm, L.** Part III: Patient Intensity in an Ambulatory Oncology Research Center: A Step Forward for the Field of Ambulatory Care. Nursing Economics, July/August 2004
- **Cusack, G., Stocker, J., O'Brien, C., & Sheehan, M.** NCI-All Island Cancer Nursing Working Group Provides Clinical Trials Training for Nurses on the Island of Ireland. Abstract Accepted. 13th International Conference on Cancer Nursing, Sydney, Australia.
- **Cusack, G., Decarvalho, M., Al Khateib, A., Aleco, M.** National Cancer Institute Forms Partnership with Hospital in Amman Jordan to Establish Premiere Cancer Center in Middle East. Abstract Accepted. 13th International Conference on Cancer Nursing, Sydney, Australia.
- **Rivera, P., Hawks, G., and Hernandez, L.** NIH Strives to Overcome Language Barriers with Spanish Speaking Patients, ONS News, September 2004.
- **Saif, M.W., Leitman, S.F., Cusack, G., Horne, M., Freifeld, A., Venzon, D., PremKumar, A., Cowan, K. H., Gress, R.E., Zujewski, J., Kasten-Sportes, C.** (2004). Thromboembolism Following Removal of Femoral Venous Apheresis Catheters in Patients with Breast Cancer. Annals of Oncology, 15 (9), pp. 1366-1372.

Web Update

If you would like to register for an NPCS course online, direct your web browser to http://intranet.cc.nih.gov/nursing/training/Online_Course_Registration.html.

Safety Brief

Gentle reminder . . . Please be sure that the breaks on your patient's bed have been applied. This will help minimize the risk of beds "sliding" out from underneath a patient as they get out of bed.

Conditional Orders If you are activating a conditional order, e.g., medication or pass order, here is an oft forgotten tip that will help you view the activated "child" order on the Work List Manager . . . please remember to click the "Refresh" icon and look for the "child" order in the Work List, highlighted in yellow.

CRIS Printouts — DCRI staff are still fine tuning CRIS printouts and need your help. If you see any of the following, please call the CRIS Support Center at 301-496-8400 right away so they can review and diagnose the problems:

- Printouts for previously discharged patients
- Error reports, or
- Any printout that is unfamiliar to you or you cannot interpret

NUTRITION NEWS

Nutrition Contact Hours - Please direct Nutrition Service issues to the Nutrition Room Service 301-451-3663 from 6:00 a.m.-7:00 p.m., for example late or missing trays. From 7:00-8:00 p.m., the evening kitchen supervisor has a pager (104-9011) to handle meal issues before the department fully closes.

After-Hours Meals - In the event a patient needs a meal after 8:00p.m., bag meals are located in patient refrigerators on 4 West and 8 East and can be picked up by nursing staff as needed. The usual fare (turkey sandwich, chips or pretzels, juice and fruit) should be confirmed appropriate for the patient's diet before giving to the patient.

Nutrition Room Service Enhancements — Thank-you for your feedback and suggestions. We want to let you know about enhancements we have made in the Nutrition Department as a result of your reporting.

- We have replaced our antiquated food delivery system with a brand new system that is more attractive and designed to better maintain constant food temperatures. Food should arrive to our patients appropriately cold or hot.
- We have revised our work flows in the kitchen to better utilize staff so that we can deliver food to our patients within 45 minutes of their requests.
- We have rearranged our management staff to capitalize on their specific talents. We think this translates into a more efficient assembly and delivery of meal trays.
- Behavioral Health patients are now included in the Nutrition Room Service Program with some modifications in the meal selection process. Menus are filled out approximately 2 days in advance and rather than delivering meals on-demand, meal trays are delivered at specified times so that the group can continue taking meals together.